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ABSTRACT

This paper draws on the nearly 20 years' experiences of a school doctor working with teachers at the Rudolf Steiner School in New York City to describe general principles of assessing child development in relation to educational progress. The paper contrasts the customary role of school doctors (related to conducting physical examinations for general physical health and sports purposes) with a role that also considers the psychological and spiritual aspects of children. The paper examines child development from four perspectives--physical, physiological, psychological, spiritual--maintaining that a comprehensive view of children needs to encompass these four perspectives in order to understand children's behavioral, learning, or social problems. Each perspective focuses on a different dimension and requires a different mode of observation. The paper explores how the Steiner approach focuses on teachers and doctors work together to build a bridge between the subjective psychological and spiritual areas and the objective physical and physiological areas. The threefold organization of the human body and the psyche is described along with its application to doctors and teachers working together to understand a child's specific difficulties and to potentially discover remedial, therapeutic insights. The paper concludes with a description of how the assessment of a student experiencing difficulty would be conducted within the Waldorf school setting. (KB)

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Child Development and the Coworking of Doctor and Teacher — A Waldorf School Doctor's Perspective

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Gerald F. Karnow

Fundamental to the Waldorf approach to education is the image of the human being as given by Rudolf Steiner. In many publications the fruit of his scientific investigations an approach to education and many other fields of human endeavor Steiner also inaugurated, a wholistic form of medicine. One of the facets of this developing practice of medicine is that of the work of the school doctor. As it is still in its developmental phase no general methodology has yet been established and thus the approaches are highly individual and varied depending on place and person. That is why I would consider my contribution here to be a rather personal sharing of thoughts and experiences emerging from close to twenty years of working together with the teachers of the Rudolf Steiner School in New York City and ongoing study of Steiner's work. Though personal, some general principles of assessing child development in relation to educational progress and difficulties may emerge out of this sharing.

Participation in a recent court proceeding in which I had to testify on the educational difficulties and needs of a child, indicated to me the chasm between the customary view of the school doctor and the perspectives I would like to believe I am developing. The customary view holds that the role of the school doctor is confined to the physical examination of the child for general physical health and sports purposes; if he expresses views on behavioral and learning difficulties he will be looked at askance, unless he is a psychiatrist or psychologist. Underlying such customary expectations is the prevailing compartmentalization of the caring professions in which there has been, for a long time already, a real wall between those who care for the physical-physiologic aspects of the

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human being and those who care for the psychological-spiritual aspects. There is no real, conventionally acknowledged, bridge between the two. While the psychologically-spiritually oriented professionals treat their respective fields as if they were of the utmost objectivity, the prevailing paradigm is the primacy of matter for which the phenomena of the psyche and the spirit are mere epiphenomena, excretions, as it were, of the physical-physiological processes. The never-ending procrustean attempts at explaining how our brain produces thinking are familiar enough as are the theories basing all manifestations of consciousness on functions of the nervous system. It is amazing how many hierarchically and categorically different phenomena of human consciousness are reduced and cut down to fit into that one bed of molecular interactions. We have not had many of Theseus' stature who were able, as we read in Greek mythology, to do away with Procrustes and permit a journey without being forced to fit into a preformed bed.

The view offered by Steiner allows us to take a journey, where the bed is large enough to encompass the physical, the psychological and the spiritual aspects of the human being. That view can enable us to look at child development from different, yet related perspectives.

The "Objective" Dimensions of Child Development

Let us look at child development from four different perspectives, at first separately and then attempt to see whether there may not be a common element to them. Each perspective focuses on a different dimension and requires a different mode of observation.

The first dimension of the developing child is the *physical*, the *anatomical-morphological*. It is the spatial aspect of the body that concerns us here, it can be measured and weighed, it can be looked at and described as an extension in space. There is a head with eyes, ears, nose, mouth etc. There is a neck, a chest, an abdominal region. There are arms, hips, legs, hands, feet, etc. All are objects in space. Unless we add now a

temporal component we have no information about development, we must take the physical body at different stages in times and then observe how, in the course of time there is change. The most basic change of course is growth, the body gets bigger in a highly differentiated sequential manner. One could say that out of the invisible the body enters visibility in space. This phenomenon of growth, this entering visibility, is interesting to study because growth is not continuous, there are stages, phases of acceleration, of retardation, of vertical, stretch growth, of horizontal, filling out growth. To point to just one observation: Just before the change of teeth between 5 - 7 years of age, there is usually a growth spurt during which the round comfortable pre-schoolers quite suddenly get lanky, spindly arms and legs and find themselves in a very different relation to the world than before. One can check this out by having the child reach over the head and see whether the opposite ear can be cupped with the hand. Before the limb-stretch-growth spurt hands and fingers will barely touch the ear. Such patterns have been studied quite extensively and charts are available so that the doctor can tell the parents that their child is developing normally.

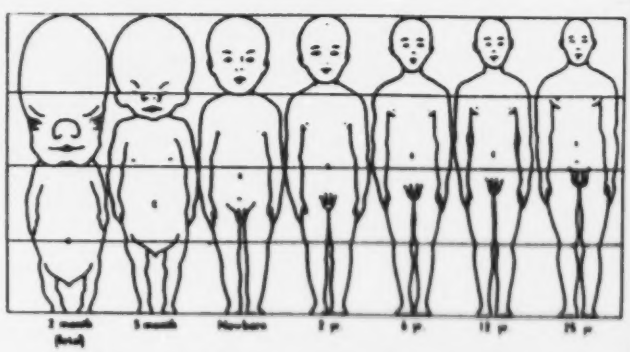

FIGURE 2.3. Changes in form and proportion of the human body during fetal and postnatal life. (From C. M. Jackson, Some aspects of form and growth, in W. J. Robbins, S. Brody, A. F. Hogan, C. M. Jackson, and C. W. Green (eds.), *Growth*. New Haven: Yale University Press, 1929, p. 110. By permission.)

The chart makes evident that it is not just change in growth we are looking at, but also change in proportion of the different body regions. Look at the prominent head in early age and the increasing predominance of the limbs as the head proportion decreases from 1/4 to 1/8. We can then notice that we can consider the morphological relations of three bodily regions: Head, trunk and limbs. These have been studied thoroughly of course and general principles of bodily development have been discovered. Briefly: 1. Growth and changes in behavior are orderly and, for the most part, occur in unvarying sequences. 2.

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Development is patterned and continuous, but not always smooth and gradual. there are periods of very rapid physical growth, growth spurts marking the general growth. 3. There are critical or sensitive periods in the development of certain bodily organs and functions. 4. Experiences at one stage of development may affect future stages.(Adapted from Paul Mussen. The Psychological Development of the Child. Englewood Cliffs, N.J.: Prentice-Hall, 1973)

These kinds of studies and observations interest an anthroposophical physician, but what relevance do they have for a teacher? I hope to show in the course of these few pages that by gaining a proper perspective of the physicality of the child and the significance of these changes in the course of time, a teacher may gain important insights for her educational efforts and tasks.

The next dimension we can focus on is the *physiological*, that sphere in which the life functions of the body take their course. Here it is not so obvious as in external morphological changes, but there is also a lawful sequence of development. Later functions have as prerequisite the development of earlier functions. We can note progressive changes in the maturation of the nervous system, the cardio-vascular system, the glandular system, the musculo-skeletal system, the immune system. For example the baby's capacity to focus the eye on an object is detected only after a certain maturation of the nervous system; the rapid heart beat and the irregular respiration only gradually in the course of years attains to a more stable rhythm; the reproductive functions have as a natural prerequisite the maturation of the gonads and other endocrine functions, etc.

Normally we refer to these two dimensions of the child, the physical and the physiological, as ``objective'', they are accessible to objective, scientific measurement. They do not, on the face of it, have much to do with the inner life of a person except insofar as the physical-physiological maturation of an organ or organ system makes possible a "subjective" function. Thus, for example, the capacity to visually focus is a prerequisite for an outer object to become an inner perception. To what extent the

physical-physiological development is a prerequisite for other subjective functions such as the mental processes we subsume under the term thinking, the emotional components, and the volitional components, is not so well explored.

The "Subjective" Dimensions of Child Development

From the view taken here the outward objective change is always -- if we are attentive enough to notice it -- accompanied by an inner subjective change. Steiner put it quite succinctly: "It is of the utmost importance to know that the ordinary thought forces of the human being are the refined forces of bodily growth and formation... they are active at the beginning of man's life on earth, and most distinctly so during the embryonic period ... a portion of them, emancipated in the further course of earthly life from this formative activity, becomes the force of thought." (Steiner, Wegman. Fundamentals, p. 15) Thus, what on the one side is active in bringing forth the objective dimensions of the developing child, becomes, stage by stage, as development proceeds, a component of the subjective dimension. With the completion of successive stages of development we can experience in the child a kind of liberation of consciousness, which then enables the child to relate in a very different way to what the teacher offers.

For example, prior to the change of teeth, the child participates and learns more by an imitative process. It has been my experience that successful teachers intuitively grasp the different stance of the child's consciousness and will, with the pre-teeth change child educate more by eliciting imitative participation, while after the beginning of teeth change they begin the didactive process which requires the capacity to take hold of, to comprehend inwardly and to retain the offered material. It is in fact so that around the period of the eruption of the second dentition that the child enters school. If school entry is permitted before, the child is generally not ready; the necessary receptivity is often lacking, the thought forces needed to take hold of the offered material are not yet emancipated from body processes. During the next 6-8 years then the child's stance of

consciousness, or one could say structure of consciousness, is such that a receptive relationship to the authority of the teacher is the basis for the educational process.

This receptivity to the authority of a teacher or parent begins to change noticeably, sometimes explosively, in the pre-pubertal phase and becomes increasingly modified as puberty proceeds. Here again we have an objective anatomical-physiological process, the maturation of the glandular system and we can again notice an accompanying change in the child's consciousness and behavior. We may experience that as teacher we gradually, but increasingly, loose the authority relation to the child. Some teachers experience this almost as the end of a love relation in which the unquestioning admiration and love of the child for the teacher disappears and is replaced by challenging encounters which place very new demands on the educator. A newborn sense of an inwardness gives the adolescent a sense of power not existing before and the teacher is almost constrained to meet this power--which wants to assert itself--with his own judgment tempered inwardness. She will do well now to educate the arising independent judgment capacity by engaging the interest in the world so that experiences lead to valid judgments instead of the self-referential, unrestrained expressions of thoughts and actions we so frequently observe in our adolescents.

As the children are thus guided through the development of consciousness, the approach to coming of age is objectively marked by the maturation of the musculo-skeletal system, the maturation of the central nervous system through progressive myelinization, and, very importantly the maturation of our immune system, that system which preserves our cohesion as an individual-independent anatomical-physiological entity. It is then universally recognized that a person who has gone through such objective maturation, which just happens to be completed between the ages of 18-21, is ready to stand in the world as an independently judging citizen and vote, deemed ready to make an independent choice; as educators we release them into the "real" world.

So far I have tried to point to the close relation which exists between the objective anatomical-physiological development and the subjective psychological-spiritual development. (I do distinguish between psychological and spiritual by delimiting the former to the reactive experiences of consciousness and the latter to our capacity of intentionality, of self-consciousness. If we address the self we address the spirit, everything inwardly experienced by this self I attribute to the psyche.) In fact as we accompany and teach our growing children we can experience that the anatomical-physiological maturation, stage by stage, is accompanied by maturation in the psychological-spiritual aspects of the person which shows itself in changes in behavior and consciousness and the growth of self-consciousness.

Different Modes of Knowing Appropriate to the Different Dimensions of the Child

It is the domain of consciousness which is the concern of the teacher, the domain of the body that of the doctor. To begin to see a lawful connection we need to look and listen in new ways. If we learn this, then one domain can provide insight for the other. The root of a problem in the domain of consciousness may well be discovered in the body and vice versa.

Measuring and weighing gives us information about anatomical facts. While we may put growth patterns into numerical ratios, we need another faculty to "read" the meaning of such patterns so that they become for us expressive gestures, communicating a message regarding hidden aspects of the developing person. I would like to call this an *esthetic-sculptural* faculty. By developing it we will be able to perceive the significance of forms in space. Take for example the child's body form before the change of teeth and before the limb-stretch growth and compare it to the form with lanky limbs; or compare a small-headed child with a large-headed child. We need to learn to think differently here than in the mere numerical evaluation.

To a sculptor different forms communicate different meanings which point to an inwardness. For example we can think of four possible sculptural forms to express the following: overwhelmed by gravity, soaring beyond gravity, formed from the outside, formed from the inside. Required is a participatory, mobile thinking in relation to the developing morphology which we can also call gesture thinking. Through it we can participate in growth activity and gain a sense for the the dynamics of form and what it might express.

The transition into the subjective dimension requires the development of or attentiveness to another mode of observing and thinking. For a seamless transition from body morphological gesture to psychological gesture we need to use the faculty which broadly speaking gives us the experience of musicality. It is akin to an inner hearing and yields experiences of the psychological nature of the developing child. This faculty gives us access to the subjective aspects of the child. Go back to the four sculptural gestures mentioned and "listen" to the inner experience of an individual whose morphology might be described as "overwhelmed by gravity", and then "listen" to the inner content of the form soaring beyond gravity. You may well experience that the structure and content of consciousness will be related to the form gesture. The form begins to sound.

The faculty needed to apprehend the spiritual aspect of the person is still different, we can certainly not measure or weigh it, we cannot participate in it as we do in a sculptural gesture, we cannot experience it as a musical movement, instead we must be able to apprehend who this individual in front of us really is. What are her deepest intentions? This requires a faculty to apprehend the poetic quality of a child. It is that aspect which creates in giving meaning and expressing it, it is the creative aspect of the person, utterly unique. And it is this that we all, I trust, strive to permit to come to birth assisted by our educational efforts. I know this is one of the goals of Waldorf education.

What I have, very cursorily, developed so far is a view of the human being as constituted by four aspects or dimensions, the anatomical-morphological, the organic-physiological,

the psychological and the spiritual. A comprehensive view of a child needs to encompass these four aspects in order to come to an initial comprehension of a problem, be it a behavioral, a learning or a social problem. That view also requires the application of different faculties or modes of knowing (which need to be developed, practiced and refined) which give access to each of the four aspects. The four aspects thus all become "objective", but each objective to a different mode of knowing. We see physical structures with our usual sense observation and label them with fixed concepts; we perceive normal, difficult or inharmonious form changes with our sculptural sense; we perceive psychological phenomena with our musical sense; we perceive the the spirit, liberated, lost, or imprisoned with our sense for the poetic.

The Bridge Between the "Objective" Anatomical-Physiological and the "Subjective" Psychological-Spiritual Dimensions.

At a time when most children have difficulties in one way or another, a fruitful working together of teacher and doctor could help build a bridge between the subjective and the objective. The teacher deals primarily with the "subjective" in an objective way and the doctor with "objective" in an objective way. In a book first published in 1917 and translated as *Riddles of the Soul*, Rudolf Steiner writes the following in Addendum 6, p. 138:

"The body as a whole, not merely the nerve activity included in it, is the physical basis of our soul life. And just as for ordinary consciousness our soul life can be transcribed as mental picturing, feeling and willing, so can our bodily life as nerve activity, rhythmical function, and metabolic processes."

It was customary then, as it is still today, to ascribe the physical basis of all aspects of consciousness, all aspects of the psyche, to the nervous system. However, Rudolf Steiner in his investigations made the discovery that:

"... just as one must relate mental picturing to nerve activity, so one must also relate feeling to that life rhythm which is centered in the breathing activity and is connected with it, right into the most peripheral parts of our organism. ... And relative to willing one finds that it is based, in a similar way, upon metabolic processes." (Ibid. p. 132)

Revolutionary as it was then it is still so today and it will require much in supportive studies to convincingly validate Steiner's discovery. Nevertheless, working with this discovery as a working hypothesis can be helpful in the coworking of doctor and teacher in understanding a child and coming to insights on how to overcome difficulties in learning and behavior.

The Threefold Organization of the Human Body and Psyche

Looking again at the form of the human body we can recognize three regions: the head with its nervous system and the senses; the thorax with the respiratory and circulatory organs; the abdomen and limbs with the organs of metabolism, reproduction and movement. The regions are not compartmentalized but only predominate in one region and extend their activity into the others. Thus there are nerve-sense system components in the rhythmic system and also in the metabolic-limb system, as there are metabolic activities in the other two, as the rhythmic system is active in the other two.

Turning our attention now to the psyche we can distinguish an activity which enables us to have thoughts about our sense experiences, which permits us to have the conceptual component to a perception attained by way of the senses. We can call it the mental imaging faculty or conceptual component of the psyche. Then there are components that do not have the same kind of clarity of consciousness as concepts, it is harder to delineate them in description, but we all know they are there and they are real; these are our feelings which constitute the emotional faculty or component of our psyche. Finally there is a faculty that is clearly different from the conceptual and the emotional, that is the

faculty which enables us to have and enact an intention and thus perform a deed. We can call this the volitional or will component or faculty of our psyche.

Thus we have three components of the psyche and can now, after Steiner's discovery, ground them in the whole human body. We can connect the conceptual component with its physical substrate the head-centered nerve-sense system. We can connect the emotional component with the thorax-centered rhythmic system. We can connect the volitional component with the metabolic and limb system.

Why is this view helpful and important for the teacher and doctor and how can this insight into the relation between psychological faculties and organic-physiologic components of the child help in a cooperative work between teacher and physician?

"The teacher needs to have an instinctual feeling, as it were, of whether in each child one of the three components of the organism predominates. Whether the nerve-sense system, or the rhythmic system, or the metabolic limb system predominates in its activity, and whether, by stimulating or enhancing one of the other systems something can be done to balance out the harmful predominance." (Steiner. Konferenz, Feb. 6, 1923, p. 257)

Taking Steiner's discovery as a working hypothesis doctor and teacher can now work together to comprehend the specific difficulties of a child and potentially also come to specific remedial, therapeutic insights. To go into detail here space does not permit, however an appeal to personal experience might concretize matters a bit. Try to recollect for example a child with a large head, not necessarily hydrocephalic, and compare him with a child with a relatively small head. You may then recall, at least this has been my experience, that the large-headed child is primarily of a receptive, observant disposition, while the small-headed is very limb oriented and often very active, physically speaking. One could say that the movement activities of the large headed are retained in the head region and remain mental, while in the small-headed they are outwardly directed into

space. Studying the limbs of the small-headed may also reveal a stronger structure and muscularity.

Working in the sculptural-esthetic mode by exploring the dynamics between the spherical head dynamics and the linear limb dynamics may well be more the domain of the physician. Teachers rarely seem to pay much attention to the morphological characteristics of their students, and if they do, may well be at a loss to interpret the significance of the morphological gesture of the body. However, for the physician who trains himself in this kind of observation the morphology can become a symptomatology of the psychological-spiritual constitution of the person.

Teachers by training and necessity focus much more on the psychological activities of learning and behavior, on attention and receptivity, on comprehension and on retention. Deficiencies in these realms may then lead to consultations and discussions between doctor and teacher. The questions revolve around the ways and means of assisting a child with problems in attentiveness and receptivity, with problems in comprehension and with problems in retention.

The view here developed and elaborated in great detail in Waldorf education literature holds that receptivity and attentiveness require as organic-physiological basis a healthy functioning nerve-sense system. The individual's nerve-sense system will then give the character and quality to the respective capacity of attentiveness and receptivity. We are addressing here the conceptual component of the psyche and at the same time the anatomical-physical component of the body; they are developmentally and lawfully related.

The capacity of comprehending requires as organic-physiological basis a healthy functioning rhythmic system. The functioning of the rhythmic system will be closely allied to the capacity of comprehending. Experience shows that the emotional component of the psyche, based on the rhythmic system, provides the ground for comprehending.

Picture to yourself a child out of breath and try to get her to understand something; picture to yourself a child fear-filled, with a rapid heart beat and try to get him to understand something. On the other hand recollect the child with a filled out chest and for comparison one with a caved in, cramped chest and then review how their respective emotional stance influenced their capacity for comprehending your teaching. Here too, by careful observation we can learn to see the lawful connection of body and psyche, of form and function.

The capacity of retention, of memory, requires as organic-physiological basis a healthy functioning and active metabolic and limb system. Studies have shown the contribution of limb activity to retention: there is least retention if one just hears about something, there is more retention if one hears and sees it, there is most retention if one hears, sees *and* moves it. Again I believe that experience shows us that the character and quality of the volitional component of the psyche as it is based on the metabolic-limb system of the body provides the ground for the capacity of retention. Recollect here the child preferring not to dirty her hands in an activity and then look at the morphology of the limbs. Were they well sculpted and muscular or were they finely chiseled and sensitive? Recollect the ruffian who has to be involved in everything with all extremities. What is the morphology of his limbs? Further, what is their respective relation to food, how do they eat, what do they eat, and how does their metabolism, their digestion function? What has been the experience in teaching children with frequent belly-aches, or frequent head-aches? All these and more are issues that straddle the borderland of Waldorf school physician and teacher as they together might explore difficulties in retention.

While this approach might yield an insight into the lawful relation between body and psyche, would give us a diagnosis, as it were, we are still left with the question of what to do. An ideal of anthroposophically extended medicine is that the diagnosis seamlessly leads into therapy. Steiner gave a wealth of material which points in this direction and which is still in the process of development. For example the recognition or diagnosis that there is a predominance of the metabolic system has inherent in it the therapeutic gesture

required to counter it. Insight into the details evolve out of the recognition of the dynamic relations among the three systems.

The metabolic-limb system has a polar relation to the nerve-sense system. This statement can be considered morphologically in terms of the structure in space of the body regions we have connected with the nerve-sense system and the metabolic limb system. There is an inverse relation between them. This inverse relation can be expressed in abstract geometrical terms as a relation between spherical and linear; the increase in sphericality diminishes peripheral linearity and the increase in peripheral linearity diminishes sphericality. The sphericality is most obvious in the head, the linearity most obvious in the limbs, but both form gestures extend over the whole body.

The embryo and infant for example tend to sphericality and only as development proceeds does linear growth assert itself more noticeably. In fact as we observe the three phases of development described earlier we can note in each phase a sequentiality of morphological development beginning with head, proceeding with thorax and ending with limbs. For example, during the first period, preceding the change of teeth, in approximately the first third the nerve-sense system develops in form and function. Then the thorax and rhythmic system develops, visible morphologically in the growth of the thorax as it separates out of the prior unity of chest and belly. Finally, preceding and accompanying the change of teeth, the metabolic limb system develops, visible morphologically in the stretch growth of the limbs.

The unique aspect of Steiner's discovery is that the structural gesture of the nerve-sense pole has as metabolic component a formative, anti-growth activity, catabolism, while the metabolic-limb pole has as its metabolic component a substance-accumulating growth activity, anabolism. Thus when we say the nerve-sense system predominates in a child we would expect to see a spindly, finely chiseled morphology, while a metabolic-limb system predominance would be reflected in a stocky, well fleshed out body.

These morphological relations have their reflection in the psychological dimension. There too there is in inverse relation between the attentive, outwardly passive, receptive component and the outwardly active, volitional component.

In comprehending the dynamics operative here we are coming into contact with the sphere where active intervention can become possible. Those educational activities requiring activation of the conceptual component, being based on the nerve-sense system, will have an anti-growth effect and can thus be used to counter a predominance of the metabolic-limb system which may manifest in the classroom as hyperactivity and inattentiveness. Such a child may need to be taken out of the classroom periodically and exposed to carefully structured pedagogical material focused on activating the necessary balancing dynamic. In Waldorf schools this is done by special activities such as directed form drawing, and if available, with individualized eurythmy, a form of movement exercises which can actively work with the components described.

If a child happens to be overwhelmed by a predominant nerve-sense system, evident in body morphology and psychological constitution, the attempt would need to be made to bring about an activation of the metabolic-limb system. This can again be done by directed limb activities which bring the child's consciousness out of the predominant reflective conceptual sphere into a participatory volitional sphere. The fruits can often be noticed quite rapidly in decreasing pallor, improved respiration and improvement in inner and outer vitality and a more active participation in the life of the class.

A further aspect to be considered in the study of a child is the relation of auditory and visual capacities in the child's consciousness. These too are also now brought into relation to the threefold organization of body and psyche. (See: Rudolf Steiner, *Balance in Teaching*, especially lecture 3, "Supersensible Physiology in Education", p.32, Mercury Press, Spring Valley, 1990) The view is presented that there is an inverse relation between the auditory and visual aspects of perceiving, comprehending and remembering. The nature of this inversion may be evident from the experience of looking

at an object and paying close attention to what happens in consciousness: Let's say someone asks us to look at an object; a very rapid inner scanning for the meaning and word appropriate to the object follows. If we have never encountered the object we search our memory, we look for the meaning by an inner "listening", and then it sounds in us "kiwi fruit" or whatever. Visual perception and auditory memory are integrally related; we experience them in our head, nerve-sense region.

Take the other situation of hearing a word referring to an object, the inner visual picturing, the visual memory completes the process. If we can not get this inner picture we feel restless and may well continue to search and ask until we have "seen" it. Auditory perception and visual memory are integrally related; we experience them now not in our head, but as coming from the rest of our body, from our limbs. You hear the word "banana", you feel it resonate in your whole body and arising from your body is the inner visual image of a banana, most likely accompanied by other memories of various sense experiences.

To complete this approach one would now have to also explore the bodily basis of comprehension which is grounded in the rhythmic system. (See details in Steiner, *Balance in Teaching*)

The therapeutic-pedagogical consequences of these insights are manifold because the faculties of visual and auditory perception, comprehension and retention well nigh cover the universe of the teaching profession, if we take a broad view of the meaning of *auditory* as encompassing everything of a conceptual nature including number and *visual* including everything of an image nature including what we do with our limbs.

For example if we want to enhance auditory perception we need to involve limb activity in learning, this in turn will strengthen visual memory. If we want to enhance visual perception we need to quiet the limbs and then in turn we strengthen auditory memory. Through rhythmic repetition of auditory or visual elements we strengthen comprehension.

I would like to conclude this brief overview by describing a possible scenario of my work in a Waldorf school. First hearing the description of a student by the teacher with statement of the difficulty I would then visit the respective class or classes to see the child in the context of school. Then we would look at some of the work of the student and possibly review prior assessments. That is then followed by a larger staff meeting where, through shared observations, an attempt is made to comprehend the nature and dynamics of the difficulties, a diagnosis is made. From the preceding it should be evident that the diagnosis will be multi-dimensional:

1) Anatomical-morphological dimension -- e.g. this child tends toward the large-headed, the limb stretch growth is in progress, or the teeth are changing, the morphological ratios of the three body regions are such that the trunk is smaller than it should be for age; 2) Physiological dimension -- this child is a bedwetter, he is left handed and cross-dominant, the relation of the functions is such that the metabolic system predominates and overwhelms the rhythmic system and the nervous system; 3) Psychological dimension -- this child has a placid, dreamy disposition, is unable to focus well on visual subject matter; 4) Spiritual dimension -- this child has a subtle inclination towards creativity in music and happens to have been born into a family which supports this.

Out of such a sharing of a diversity of views an image can emerge of what one may do to help the child and the teacher, either by gaining another perspective or by arriving at possible remedial or therapeutic measures.

The complexity and the underpinnings of the efforts at working together of this physician with teachers in a Waldorf school is evident. However, what I have described is only a beginning, only a few letters of an alphabet which needs to be used to compose words that can give meaning so that we can understand and also know what to do. In this

activity we are hardly first graders learning to shape our first letters and write our first words. Occasionally we can begin to see how helpful and encompassing Steiner's discoveries are in helping us to understand and be of assistance to our students.

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